

Health Insurance Premium Payment Program Application

Please answer all of the questions and sign the application. If you have any questions or need help filling out this form, please call **515-281-7313** or **1-888-346-9562** (toll-free). We will be happy to help you!

Answer these questions about the person who has health insurance.

Policyholder	Home Phone () Work Phone ()
Street Address	City State Zip Code
Mailing Address (if different)	City State Zip Code

Information about the health insurance company

Name of Insurance Company	Policy Number
Street Address	City State Zip Code

List all the people living in your home – Start with yourself

Name (Last, First)	Birth Date Month/ Date/Year	Relationship to you?	Social Security Number	Does this person get Medicaid? Y/N	State ID number for Medicaid?	Does this person get Medicare? Y/N	Is this person currently covered by your insurance? Y/N
		Self					

Is this: ☐ an **Individual Policy** ☐ **COBRA** or ☐ an **Employer Plan**? (Check one)

For **Employer Policies** or **COBRA**, list the name, city and state of employer: _____

How often do you pay the insurance premium? _____ How much? \$_____

How do you pay your premiums? (Circle one) Payroll deduction Check Automatic withdrawal Other: _____

What are the yearly deductibles for the health insurance: Single \$_____ Family \$_____

If all Medicaid eligible people in your home are not currently enrolled in your employer policy or COBRA, can you or family members still enroll? If so, what is the earliest date? _____

Signature or Mark of Applicant	Date
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You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.